Bureau of Health Care Quality and Compliance STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED **IDENTIFICATION NUMBER:** A. BUILDING B. WING **NVN470ASC** 01/11/2010 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **5250 KIETZKE LANE DIGESTIVE HEALTH CENTER RENO, NV 89511** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PRÉFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) (a) Tag A9999 A 00 INITIAL COMMENTS A 00 This Statement of Deficiencies was generated as All involved parties, (the Center a result of a State Health Licensure focused survey conducted in your facility on 1/11/10 and Director, GI technicians and FS finalized on 1/11/10, in accordance with Nevada Medical Staff (Biological Equipment Administrative Code, Chapter 449, Surgical Maintenance Company)) reviewed Centers for Ambulatory Patients. and began implementation of the manufactures recommendations for A Plan of Correction (POC) must be submitted. cleaning and maintaining the The POC must relate to the care of all patients and prevent such occurrences in the future. The autoclave by 1-25-2010. (Appendix intended completion dates and the mechanism(s) 1 Manufacture recommendations) established to assure ongoing compliance must be included. All involved staff members have verbally demonstrated Monitoring visits may be imposed to ensure understanding of the importance of on-going compliance with regulatory requirements. complying with the manufacturer's recommendation for care and The findings and conclusions of any investigation maintenance of the autoclave. by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be Immediately on 1-11-2010 Center available to any party under applicable federal. Staff implemented the state or local laws. recommended cleaning procedures at the appropriate intervals by the A9999 Final Comments A9999 manufacturer for the autoclave. A 4. The ambulatory surgical center shall ensure formal written policy (Appendix 2) that each employee or independent contractor (subset of policy C7.19 Care and follows the manufacturer 's instructions concerning: Maintenance of Autoclave) has (d) The operation and maintenance of the been written following the sterilizer or the equipment used for high-level manufactures guidelines and has disinfection been approved by the Medical Based on interview and review of the Director and Center Director. manufacturer's recommendations for routine maintenance the facility failed to ensure the If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies. (X6) DATE LAY IONE OPPERMANTEN
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Bureau of Health Care Quality and Compliance (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED **IDENTIFICATION NUMBER:** A. BUILDING B. WING **NVN470ASC** 01/11/2010 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **5250 KIETZKE LANE DIGESTIVE HEALTH CENTER RENO, NV 89511** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG **DEFICIENCY**) A9999 A9999 Continued From page 1 This policy will be reviewed and manufacturer's instructions were followed for updated as applicable and annually. routine maintenance of the Ritter steam sterilizer. Documentation of competition of On interview, the technicians reported they the prescribed cleaning procedures flushed the system using the cleaning solution is evident by the attached logs Speed-Clean once every two months. The (Appendix 3) manufacturer's quidelines recommended flushing the system with Speed Clean monthly. All Applicable staff have been in Severity 2 Level 2 serviced on the manufactures recommendations for care and maintenance and will comply with the schedule. Additionally, the manufactures recommendations on care and maintenance of the autoclave will be included in the GI Technicians annual competency which is completed in the first quarter of each year. (Appendix 4) GI Technicians will be in serviced on 2-1-2010 at 3:00 P.M. by a FS Medical Technician on the quarterly requirement of removing the door gasket and releasing of the pressure safety valve. All applicable personnel will be checked off on the procedure by return demonstration. A quarterly log will reflect compliance with the manufactures recommendations. If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies. STATE FORM

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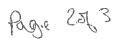
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Compliance with all of the manufactures recommendations on care and maintenance will be monitored through regular documentation for all required daily, weekly, monthly and quarterly care and maintenance. (Appendix 4) The lead GI technician will confirm compliance by reviewing the logs and reporting compliance to the monthly QAPI Committee meeting. The Center Director will have the ultimate responsibility to ensure compliance with the manufactures recommendation for care, maintenance, and monitoring of the Autoclave.

The Plan of Correction, all in services and education will be completed by 2-1-2010 (Appendix 5, sign in sheet for February 1st inservice with FS Medical).

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